

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5602-62-021032  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JUN 15 1962

1. PLACE OF DEATH

7. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *St. Louis*

Length of stay in 1b  
DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE *Mo.* b. COUNTY

c. CITY OR TOWN *St. Louis*

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION *Homer G. Phillips*

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
*3823a Washington*

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First *Milton*

Middle

Last *Stamps*

4. DATE OF DEATH

Month *June* Day *2* Year *1962*

5. SEX  
*Male*

6. COLOR OR RACE  
*Negro*

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
*12-23-1918*

9. AGE (last birthday)  
*43*

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Laborer*

10b. KIND OF BUSINESS OR INDUSTRY  
*Westborough Country Club*

11. BIRTHPLACE (City and state or country)  
*Shelby, Miss*

12. CITIZEN OF WHAT COUNTRY  
*U.S.A*

13a. FATHER'S NAME

*Elijah Stamps*

13b. MOTHER'S MAIDEN NAME

*Lillie L. Gardner*

14. NAME OF HUSBAND OR WIFE

*Divorced*

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
*None*

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

*Mark Stamps*

*3823a Washington*

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

*Hemorrhage resulting from stab wound of the heart and hemorrhage into the left pleural cavity, suffered when stabbed with knife in hands of one Randall Jones in vicinity of 3900 West Belle about 1245 AM June 2, 1962.*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)

*Homicide 982x*

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

*See above*

20c. TIME OF INJURY  
Hour *1245* p.m.  
Month, Day, Year *6-3-62*

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
*Street*

20f. CITY, TOWN, OR LOCATION  
*St. Louis, Mo.*

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ *1245 AM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

*Helen L. Taylor Coroner*

22b. ADDRESS

*1300 Clark Ave.*

22c. DATE SIGNED

*6-5-62*

23a. BURIAL, CREMATION, REMOVAL (Specify)

*Removal*

23b. DATE  
*6-7-1962*

23c. NAME OF CEMETERY OR CREMATORY  
*Greenwood Cemetery*

23d. LOCATION (City, town, or county)  
*St. Louis County*

(State)  
*Mo.*

24. FUNERAL DIRECTOR

ADDRESS

*1221 North Grand Blvd.*

25. DATE REC'D. BY LOCAL REG.

*JUN 5 1962*

26. REGISTRAR'S SIGNATURE

*Earl Smith, M.D.*

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

INSTEAD OF

DATE AMENDED

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Oliver E Crumble

Licensed Embalmer No. 5185

P. O. Address 1221 N Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.